

BMI 101

Conducting Brief Motivational Interventions  
with College Students

University of Wisconsin – Madison

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Trainer and Participant Introductions

Name

Credentials and Discipline

Job Title

Service Delivery Setting

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Today's Training Agenda

1. College Brief Motivational Interventions (BMIs)

2. College Student Motivation & Stages of Change

3. Motivational Interviewing with College Students

4. College BMI Demonstration

5. College BMI Guided Practice

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## Topic 1

### Brief Motivational Interventions (BMI) for College Students

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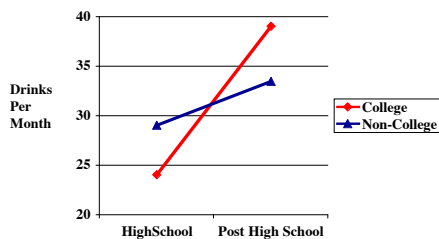
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### College Students Drink More



Data Source: Monitoring the Future. As cited in:  
O'Malley PM, Johnson, LD. Epidemiology of alcohol and other drug use among American  
college students. *Journal of Alcohol Studies Supplement* 14: 23-39, 2002.

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### Heavy Drinking is Harmful to Students

1. 1700 student deaths from alcohol-related causes
2. 500,000 unintended injuries
3. 600,000 physical assaults
4. 70,000 sexual assaults
5. 2.1 million students drove a car while alcohol impaired
6. 400,000 unprotected sexual encounters
7. 100,000 cases where students report not knowing whether they consented to a sexual encounter

Ralph Hingson, Timothy Heeren, Michael Winter and Henry Wechsler (2005). Magnitude of Alcohol-Related Mortality and Morbidity Among U.S. College Students Ages 18-24: Changes from 1998 to 2001. *Annual Review of Public Health* 26:259-79

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## Heavy Drinking Affects Entire Campus

1. "Secondary effects" of alcohol
  - ◆ Unwanted sexual advances
  - ◆ Property damage
  - ◆ Serious argument or quarrel
  - ◆ Pushed, hit, or assaulted
  - ◆ Sexual assault or rape
2. Retention
  - ◆ Estimated 27% of dropouts are alcohol-related
3. Recruitment, Public Relations & Legal Liability
  - ◆ Party school image
  - ◆ Law Suits

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## Heavy Drinking Affects the Community

1. Noise
2. Public drunkenness
3. Vomiting
4. Public urination
5. Vandalism
6. Physical & Verbal assault
7. Car accidents

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## Discrepancy Between College Drinker's Perception & Alcohol-Related Harm

Self-Reported Alcohol Consequences*	
50.0%	Neglected their responsibilities
47.8%	Missed a day (or part of a day) of school or work
41.7%	Not able to do homework or study for a test
40.0%	Got into fights, acted bad, or did mean things
39.2%	Felt they needed more alcohol ... to get same effect
38.9%	Caused shame or embarrassment to someone
36.8%	Had a fight, argument or bad feelings with a friend
36.6%	Drove shortly after having more than two drinks
36.3%	Had blackouts
33.7%	Noticed a change in personality
29.8%	Passed out
24.2%	Missed out on things ... spent too much on alcohol
21.9%	Drove shortly after drinking more than four drinks
16.2%	Went to work or school high or drunk

\*RAPI events occurring 3-5 times in past 90-days

Only 16%  
of  
students  
surveyed felt  
they had an  
alcohol-related  
problem...



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### A Call to Action

#### Changing the Culture of Drinking at U.S. Colleges

<http://www.collegedrinkingprevention.gov>

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### Tier 1: Effective with College Students



Combining motivational enhancement with norms clarification and cognitive-behavioral skills training (ASTP)\*

Brief Motivational Enhancement (BASICS)\*

*\*In the Report, ASTP and BASICS are described as prevention programs that incorporate these elements*

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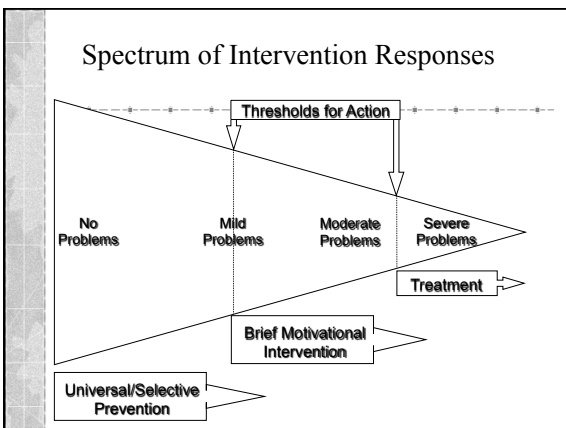
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### Brief Motivational Interventions (BMI)

1. Minimal interactions with a medical, mental health, or other professional (Health Educator, Resident Advisor)
2. Focusing on the health risks associated with drinking or any other behavioral or health problem
3. Ranging in duration from several minutes in length up to two 50-minute formal interview sessions
4. Particularly effective for hazardous and harmful drinkers who do not have severe alcohol dependence
5. As effective as more intensive treatments for many behavioral problems and therefore cost effective

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### College BMI Goals

1. Reduce alcohol use to lower risk levels
2. Reduce the risk posed to health, safety and academic performance by alcohol and other behavioral or health problems
3. Reduce harm to the drinker and others
4. Encourage abstinence in persons who are under 21 years old, alcohol-dependent or for other reasons should not drink

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### College BMI Components

#### The College BMI *FRAMES*

1. *Feedback* on drinking-related risk factors and harms or risks related to other behavioral or health problems
2. *Responsibility* for change lies with student
3. *Advice* to abstain or to drink moderately or to reduce or eliminate other risky behaviors
4. *Menu* of Change Strategies - abstinence or moderation
5. *Empathic Style* - Motivational Interviewing
6. *Self-Efficacy* of the student is supported

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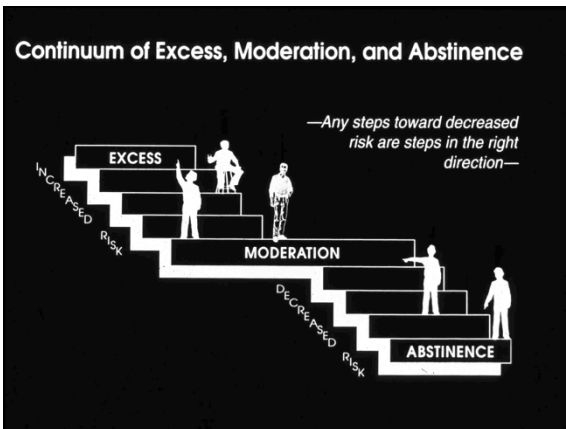
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**College BMIs**  
Walters & Baer (2005) *Talking with College Students About Alcohol*

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*Three Types of College BMIs: Which one for You?*

Practitioner, Client, Where, When, How, Effects?

1. Brief Advice (5 -15 minutes)
2. Behavioral Consultation (15 - 45 minutes)
3. Motivational Intervention (2 50-minute sessions)  
BASICS (2 Sessions + On-line Survey)

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**Topic 2**

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College Student Motivation &  
Stages of Change

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## Defining College Student Motivation

*"Motivation can be understood not as something that one has, but rather as something one does. It involves recognizing a problem, searching for a way to change, and then beginning and sticking with that change strategy. There are, it turns out, many ways to help people move toward such recognition and action."*

William R. Miller

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## The Paradox of Change

Ambivalence  
is the  
Heart of the Problem

*"I want to, but I don't want to"*

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*"When given a choice between changing and proving that it is not necessary, most people get busy with the proof."*

John Galbraith

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## Stages of Change

1. Precontemplation
  2. Contemplation
  3. Preparation (a.k.a. Determination)
  4. Action
  5. Maintenance
  6. Relapse
- Recycling or Termination?

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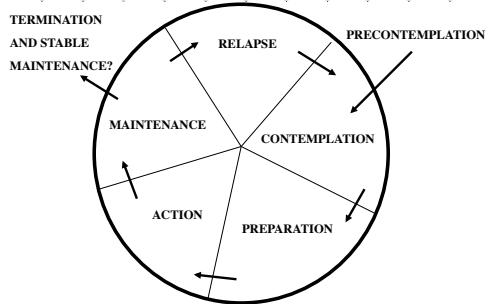
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## The Wheel of Change



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## Precontemplative Students

*"I don't want to talk about it."*

Little Problem Recognition      *Defensive Styles*

- No Intention to Change
1. Reluctant
  2. Resigned
  3. Rationalizing
  4. Rebellious
  5. Reveling

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### Contemplative Students

*"Okay, I'll think about it."*

1. Increased problem recognition
2. More distressed or troubled about issue
3. Ambivalent about changing
4. Actively weighing the pros and cons
5. Decisional Balance Exercise

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### Preparation Stage Students

*"How can I change?"*

1. Increased commitment
2. Gathering information on options
3. Problem solving
4. Ready to make choices
5. Sharing plans for change
6. Change becomes a priority

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### Action Stage Students

*"I'm giving it a try."*

1. Change strategies are chosen and pursued
2. Active modification of behavior, thoughts, feelings, and environment
3. Treatment and/or self-help
4. Persistence & completion or dropping out?

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## Maintenance Stage Students

*"I'm sticking with it."*

1. Trying to sustain new attitudes and habits
2. Working to prevent relapse
3. Watching out for risky people, places, things, thoughts and feelings
4. Taking personal responsibility and credit
5. Moving toward a Balanced Lifestyle  
(See Wellness Wheel – Dr. Bill Hettler)

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## "Phasing" BMIs by Stage of Change

*"Doing the right thing at the right time"*

1. College students respond to BMIs according to their readiness to change (stage?)
2. Strategies that are "out-of-phase" increase a student's resistance & reduce change talk
3. Meet the student "where they are", not "where you think they should be"

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## A Key BMI Practitioner Task is to *Enhance Student Motivation*

1. Change is the responsibility of the student
2. Enhancing motivation to change is a fundamental task of the BMI Practitioner
3. BMI Practitioners must observe and identify a student's readiness to change
4. Stay "in-phase" for optimal motivational enhancement and health behavior change

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Aspects of Change

Importance: Is change a priority for the student?

Confidence: Does the student believe they could change, if it were important to them?

Importance + Confidence = *Readiness to Change*

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Let's take a 15 Minute Break

The Silver Rule

*Do unto others as you think you should do unto them*

The Golden Rule

*Do unto others as you would have them do unto you*

The Platinum Rule

*Do unto others as they would have you do unto them*

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Topic 3

Motivational Interviewing (MI)

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*“If you treat an individual as she is, she will stay as she is, but if you treat her as if she were what she ought to be and could be, she will become what she ought to be and could be.”*

Johann Wolfgang von Goethe

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What is Motivational Interviewing (MI)?

*“Motivational Interviewing is a client-centered, yet directive method of exploring and resolving a student’s ambivalence about change by eliciting the student’s own intrinsic motivation”*

Paraphrase of a definition by William R. Miller

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Motivational Interviewing Assumptions

1. Ambivalence is *normal*
2. Ambivalence can be *resolved*
3. Persuasion and confrontation tend to *increase* resistance and *reduce* change talk
4. Create a *collaborative* partnership with student
5. An *empathic*, yet *directive*, counseling style facilitates change talk and behavior change

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## Spirit of Motivational Interviewing

### The ACE of MI Deck

- Autonomy
- Collaboration
- Evocation

(See Deci's Self-Determination Theory)

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## Motivational Interviewing Principles

1. Express Empathy
2. Develop Discrepancy
3. Roll With Resistance
4. Support Self-Efficacy

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*"Anyone who willingly enters into the pain  
of a stranger is truly a remarkable  
person."*

Henri J. M. Nouwen

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## Express Empathy

1. Acceptance Facilitates Change
2. Skillful Reflective Listening is Fundamental
3. Ambivalence is Normal
4. Engagement and Rapport establish a working alliance with the student

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## Develop Discrepancy

1. Awareness of Consequences is Important
2. Discrepancy between Current Behavior and Goals Important to the Student Motivate Change
3. Student Presents Arguments for Change  
*Self-Motivational Statements or "Change Talk"*

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## Roll with Resistance

1. Arguments are Counterproductive
2. Persuasion Breeds Defensiveness
3. Getting Resistance? Change Strategies
4. Labeling is Unnecessary and Harmful

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### Roll with Resistance

1. Momentum Can be Used to Good Advantage  
*(Judo or Tai Chi not Boxing or Wrestling)*
2. Perceptions Can Be Shifted *(Reframing)*
3. New Perspectives are Invited, Not Imposed  
*(Autonomy and Self-Determination)*
4. The Student is a Valuable Resource in  
Finding Solutions to the Problem  
*(Assets, Strengths & Protective Behaviors)*

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### Support Self-Efficacy

1. Belief in Possibility of Change is an Important  
Motivator *(Self-Fulfilling Prophecy)*
2. The Student is Responsible for Choosing and  
Carrying Out Personal Change *(Autonomy)*
3. There is Hope in the Range of Alternatives  
Approaches Available *(Optimism)*

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### RULE – From Principles to Practice

1. **Resist** the Righting Reflex
2. **Understand** Your Client
3. **Listening** Carefully to Your Client
4. **Empower** Your Client

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*"People are generally better persuaded by the reasons they themselves discover than by those that enter the minds of others."*

Pascal

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Motivational Interviewing & Change Talk

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*Types of Self-Motivational Statements (Change Talk)*

1. Demonstrating Problem Recognition
2. Expressing Concern about the Problem
3. Showing an Intention to Change
4. Reflecting Optimism about Changing

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Motivational Interviewing Strategies

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Eliciting Change Talk (Self-Motivational Statements)

Use the MI **OARS**

**O**pen-Ended Questions

**A**ffirming the student

**R**eflective Listening

**S**ummarizing

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### Ask Open-Ended Questions To.....

1. Facilitate dialogue
2. Keep communication flowing
3. Avoid assumptions and prejudices
4. Receive information in a nonjudgmental way
5. Encourage the student to do most of the talking
6. Elicit the student's feelings
7. Understand the student's point of view

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### Examples of Open-ended Questions

1. *"What's it like for you to be here today at his session?"*
2. *"What do you expect will happen during BASICS?"*
3. *"Describe what you enjoy most about drinking?"*
4. *"Describe what you enjoy least about drinking?"*
5. *"How has your drinking changed since High School?"*

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### Affirming the Student

1. Validates participation (even if mandated)
2. Reinforces change talk
3. Supports the student's self-efficacy
4. Strengthens your relationship
5. Motivates greater cooperation

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LISTEN  
&  
SILENT  
contain the same letters

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Reflective Listening

1. Attend carefully to what the student says

2. Formulate in your mind the meaning conveyed by the student's communication  
*"What is she saying to me?"*

3. Reflect your understanding of the meaning back to the student, modified strategically

4. Check the accuracy of your understanding  
*"Is that what you meant?"*

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Levels of Reflective Listening

1. *Repeating* exactly what the student said

2. *Rephrasing* what the student said with some minor modification of wording

3. *Paraphrasing* what the student said using your own words, similes or metaphors

4. *Reflecting* emotions and meaning implied by what the student said, but not explicitly stated in the student's words  
*Paraverbal & Nonverbal Cues - Intuition?*

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### Summarizing: A Collection of Reflections

1. Summarize periodically within the session
2. Strategically repeat a student's change talk
3. Present a grand summary at end of session
4. Include reluctance/resistance in the summary
5. End with optimism for student self-change

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*Let's Have Some Lunch*

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### Topic 4

College BMI Demonstration

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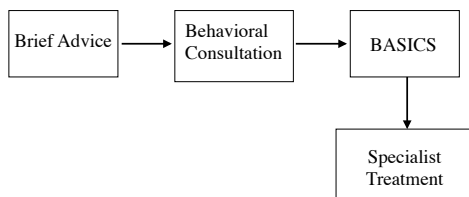
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## College BMI Stepped-Care



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## College BMIs

Which BMI should you learn and implement?

### *Three Types of College BMIs*

Practitioner, Client, Where, When, How, Effects?

1. Brief Advice (5 -15 minutes)
2. Behavioral Consultation (15 - 45 minutes)
3. Motivational Intervention (2 50-minute sessions)  
BASICS (Two In-person Sessions + On-line Survey)

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## College BMIs: Brief Advice

1. Practitioners: Academic Advisor, Career Counselor, Health Professional, Resident Advisor, Law Enforcement Officer, Faculty Member, etc.
2. When: During your routine activities as needed
3. To Whom: Students with alcohol, drug or other behavioral/health problems observed or disclosed
4. What: FRAMES BMI Components
5. How: Script using MI OARS
6. Stepped-Care: Refer to additional service as needed

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## College BMIs: Behavioral Consultation

1. Practitioners: Resident Directors, Associate Dean of Students, Judicial Hearing Officer, Counselor, etc.
2. When: Formal interview scheduled with student
3. To Whom: Students with alcohol, drug or other behavioral problems you observe or they share as well as mandate violators of student code
4. What: FRAMES Components of BMI with screening tool (AUDIT) and Systematic Feedback.
5. How: Script using MI OARS
6. Stepped-Care: Refer to additional service as needed

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## College BMI: Motivational Intervention BASICS (CASICS) Core Components

1. Session One: Assessment
  - ✓ Structured Clinical Interview
  - ✓ Assign Self-Monitoring of Drinking
  - ✓ On-line Assessment Survey
2. Session Two: Feedback
  - ✓ Drinking Profile/Personalized Feedback Report (PFR)
  - ✓ Change Planning
  - ✓ Screening and Referral
  - ✓ Stepped-Care Options

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## BMI DEMONSTRATION

Conducting a Behavioral Consultation  
with  
Motivational Interviewing OARS

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AUDIT

(Alcohol Use Disorders Identification Test)

1. Developed by the WHO - Alcohol Screening Tool

2. 10 Questions on Past Year Drinking

3. Questions 1-3 = Hazardous Drinking

4. Questions 4-6 = Dependence Symptoms

5. Questions 7-10 = Harmful Alcohol Use

6. Positive Screen = Student Total Score >8?

7. Reliable & Valid College Student Screening Tool

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Item Content & Domains of the AUDIT

Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of Drinking
	2	Typical Quantity per Episode
	3	Frequency Heavy Drinking
Dependency Symptoms	4	Impaired Control
	5	Increased Salience
	6	Morning Drinking
Harmful Alcohol Use	7	Guilt After Drinking
	8	Blackouts
	9	Alcohol-Related Injuries
	10	Others Concerned

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Interpretation of College Student AUDIT Scores

AUDIT Score	Risk Level	Problem Level	Intervention
0-7	Low	None	Brief Advice, e-CHUG, CHOICES
8-15	Medium	Hazardous or Harmful Use	Behavioral Consultation
16-19	High	Alcohol Abuse or Dependence?	BASICS & Continued Monitoring
20-40	Very High	Alcohol	BASICS & Referral to

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Behavioral Consultation Demo Components  
(Use FRAMES BMI Components & MI OARS)

1. Have student complete AUDIT
  2. Establish Rapport
  3. Define Your Role and Discuss Confidentiality
  4. **E-P-E Cycle**
    - Elicit Reactions to Completing AUDIT
    - Provide Feedback on AUDIT Score & Domains
    - Elicit Reactions to Feedback
- Closing: Summarize, Elicit Reactions, Next Steps?

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*Let's take a 15 Minute Break*

**The Silver Rule**

*Do unto others as you think you should do unto them*

**The Golden Rule**

*Do unto others as you would have them do unto you*

**The Platinum Rule**

*Do unto others as they would have you do unto them*

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**Topic 6**

College BMI Guided Practice  
*Behavioral Consultation*

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**BMI PRACTICE**

Behavioral Consultation with  
Motivational Interviewing OARS

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# Behavioral Consultation Practice Components (Use FRAMES BMI Components & MI OARS)

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1. Have student complete AUDIT
2. Establish Rapport
3. **E-P-E Cycle**
  - Elicit Reactions to Completing AUDIT
  - Provide Feedback on AUDIT Items
  - Elicit Reactions to Feedback

Closing: Summarize, Elicit Reactions, Next Steps?

- [illegible]

# Wrap-Up


## Implementing Motivational Interviewing & BMIs

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1. What Motivational Interviewing strategies have you learned today that you can use right now?
2. What questions and concerns do you have about implementing BMIs with college students?
3. What plans do you have for further study and practice of Motivational Interviewing?
4. How can you and your colleagues support using Motivational Interviewing & BMIs?

- [illegible]





### How Can I Help

*Ram Dass & Richard Gorman, 1985*

*"I help people as a way to work on myself,  
I work on myself to help people." Ram Dass*

Enact Your Role Impeccably

Don't Identify With Your Role

Don't Be Attached To The Outcome

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